

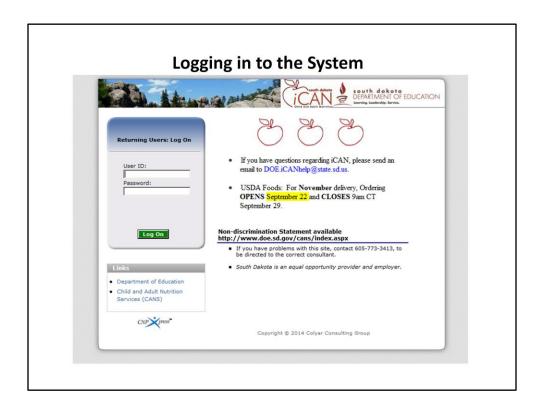
Training for the Child and Adult Care Food Program

Child and Adult Nutrition Services

Hello and welcome to the webinar! During this session we will be going over the new iCAN web-based application process for the Child and Adult Care Food Program. As you know, iCAN is a new system to the state of South Dakota. We are very excited about this process and hope that you will find the system to be user friendly and much more convenient than the paper-based system that we have always used here in South Dakota.

This system will be used for applications and claims. The claims side of the website is not quite ready at this time. Training will be provided on the claims to those that are interested when the time comes for using iCAN to submit claims for reimbursement.

Let's get started!



The first step of the process will be to log into the system. At the end of this session we will give you the URL for the website. We'd like you to sit back for now and listen rather than trying to fill out the application while we are going over the details of the system.

The screen you are seeing now is the log in screen. This is where you will always begin. It is a screen that is used for all of the nutrition programs that our office works with. You may see messages on this screen that do not apply to your agency. If so, just ignore those messages. If you wonder if the message does apply to you, feel free to contact our office.

This page is a public site. Anyone can get to this screen. However, only authorized users will be able to log in. Authorized users are assigned a User ID through our office. At this point, Cheriee Watterson and/or Sandra Kangas are authorized to issue User IDs. If you feel you need a User ID, you will need to contact one of these individuals by calling the main office at (605) 773-3413 to request a User ID and temporary password.

Once you have your User ID and temporary password, you will enter those into the fields on the screen and then click log on.

password to verify it. Click Save to continue.

rules: 1) at least 10 characters long, 2) at least 1 number, 3) at least 1 special character (\$,%,^,&,+,=), and 4) cannot contain your user name.

The first time you log in, you will be required to change your password. The CANS staff will not have access to this password. If you forget the password you can call the main office at (605) 773-3413 to request that your password be reset. At that time you will once again be prompted to change your password. Please keep your password confidential!

The password requirements are listed here: (read slide).

Logging in to the System



Click on Child and Adult Care Food Program (green button)

You will only see this screen if your agency operates two or more of the Nutrition Programs listed.

This is the first screen once you log in. However, if your agency only operates the Child and Adult Care Food Program you will bypass this screen completely. This screen is tied to the agencies that are associated with your User ID. If your agency participates in any of the other programs listed then you will see this screen. If that is the case then you will need to click on the green CACFP button on the top right.

As a note, you will not have access to buttons that are not associated with your User ID.



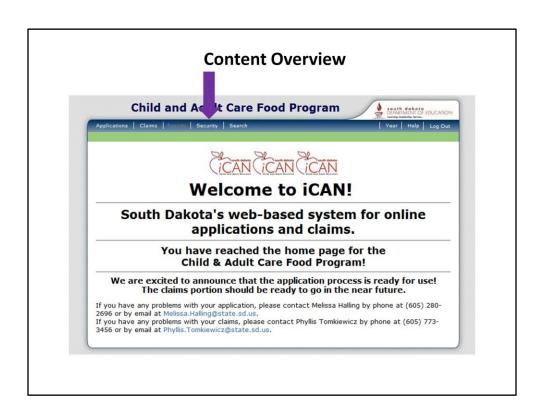
We will begin this session by going over a summary of the content you will find within the system.

The first button along the top left is for applications. This is the link that you will click to get to the application forms.

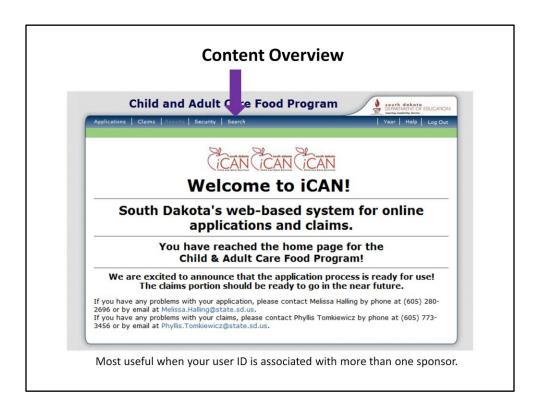


The second link along the top left side of the screen is the Claims link. This is the link that you will click on to get to the claims forms. Since this training will not cover the process for completing the claims we will not be going into any further detail about the claims at this point in time.

The next button is for reports. This is used by the state office and you likely will not have access to this. If there are any local level reports that are needed, this link could be used for that purpose. We will not be covering these during this session as there are not currently any reports accessible to local agencies.



The next link over is the security link. This is where you would go if you wanted to change your password.



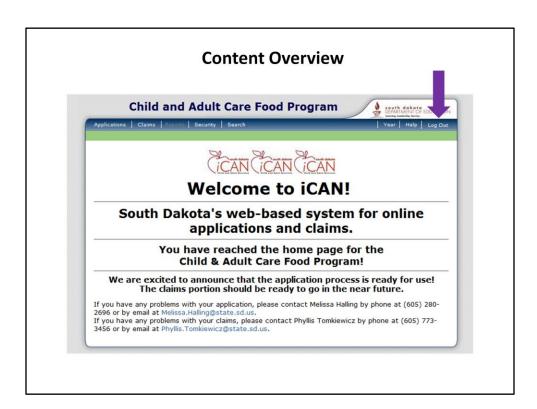
The last link in this section is the search option. It is not likely that this will be too useful to most agencies. This may not even show up for you. Users that have a User ID that is associated with more than one agency would use this option to switch between one agency and the other. So, for example, if you worked at two different centers and you have access to the iCAN system at both centers, then both of these agencies would show up under the search option. This only applies for a very limited number of CACFP users. Agencies that have more than one site that all fall under one agency "umbrella" do not need to worry about this. This only applies if there are different local agency numbers (FEIN, Vendor, etc.) that are associated with the different agencies. We are not talking about agencies that have multiple sites but rather Users that work in multiple agencies.



Moving over the right side of the screen you will see a link that will allow you to change the program year that you are working in (or more likely viewing). Prior years will be in view only mode in most cases. However, when you are completing a renewal in future years you will be able to see and modify the current year and the upcoming year. Due to the lack of data at this point in time, the prior year's data for your agency will be in view only mode. You will not be able to modify any data from the 2013-2014 program year. You would never be able to modify data from the 2nd prior year. That will always be in view only mode.



The second link is an online help manual. You can click on this link to look up answers to questions you may have. The Sponsor User Manual will also be a good place to go if you have questions. You can also send an email to the iCAN help address. I will give you that on a screen later in the presentation. Someone will be assigned to check that email box on a regular basis to make sure that questions are addressed. However, I would recommend that you contact me by email directly since I check my email much more frequently that that box will be checked.



The last button I will mention is the log out button. It is good to always log out of the program when you are done. All changes that are made while you are logged in will be tied to your User ID. You don't want someone else to be able to go in and make changes using your User ID.



We will specifically talk about the application at this point. As I indicated earlier, you will click on the first link along the top left side of the screen.



The application options will then open on your screen.

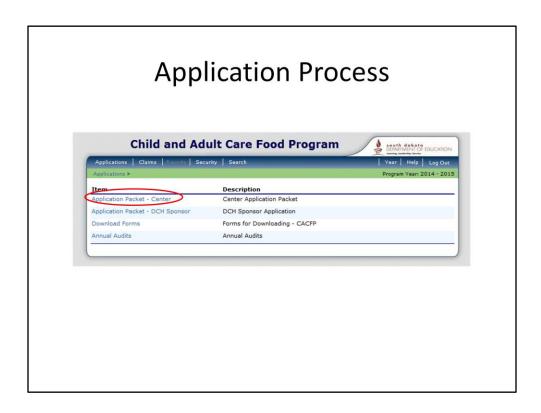
- 1) The first link is a link that you would open to start an application for center-based CACFP agencies. This is the application that we will be covering specifically in this session.
- 2) The second link is a link that you would open to start an application for home-based CACFP. This application is similar but separate from the center based sponsors. We will have a separate session for the areas that are specifically for day care home sponsors. Sponsors of Day Care Homes will be notified of those training dates/times.
- 3) The third link is a link you can go to if you need sample forms. For example, free and reduced price meal applications, income guidelines, civil rights data collection, publicly funded programs chart, etc.
- 4) The third is a link to the annual audits form. If your agency is required to have a financial audit completed, this is where you would go to enter the details from the audit. Phyllis Tomkiewicz can answer your questions related to the audit. Since the vast majority of agencies are not required to complete the audit form we will not use this time to go over that form in detail.

Application Process Child and Adult Care Food Program Download Forms View: Grouped 💌 Annual Certification Statement for Renewals 09/23/2014 At Risk After School Meals At Risk After School Meals Documentation 09/23/2014 CACFP Agreement Narrative 09/23/2014 Certificate of Authority Certificate of Authority 09/23/2014 09/23/2014 Free and Reduced Meal Packet for Centers 09/23/2014 Income Eligibility Guidelines Income Eligibity Guidelines Management Plan - IC Management Plan for Independent Centers Management Plan - SO Centers Management Plan for Sponsors of Centers 09/23/2014 Management Plan Update Management Plan Update 09/23/2014 Multi State Operations Multi State Operations Notification for F/RP Meals Notification Letter for Free and Reduced Price Me 09/23/2014 09/23/2014 Policy Statement - Centers Policy Statement for Independent Centers and Center Sponsors 09/23/2014 09/23/2014 Centers Public Release - State Issued Public Release for Renewing Agencies - State Issued

This is a list of the current downloaded forms. This list will be updated as needed for each program year. If you feel that additional forms should be available on this website, please let me know and I will see if we can get those posted. Many of these downloaded forms will also be available when you get to the checklist items within the application. We will address those later in this session.

Application Process Child and Adult Care Food Program Download Forms View: Grouped 💌 Annual Certification Statement for Renewals 09/23/2014 At Risk After School Meals At Risk After School Meals Documentation 09/23/2014 CACFP Agreement Narrative 09/23/2014 Certificate of Authority Certificate of Authority 09/23/2014 09/23/2014 Free and Reduced Meal Packet for Centers 09/23/2014 Management Plan - IC Management Plan for Independent Centers Management Plan - SO Centers Management Plan for Sponsors of Centers 09/23/2014 Management Plan Update Management Plan Update 09/23/2014 Multi State Operations — Multi-State Operations Notification for F/RP Meals Notification Letter for Free and Reduced Price Meals Policy Statement - Centers Spoors Public Release Forms - Centers - Public Release Forms - Centers 09/23/2014 09/23/2014 09/23/2014 09/23/2014 Public Release - State Issued Public Release for Renewing Agencies - State Issued

To go back to applications you can click on the word applications in the bread crumb trail. This trail will always be available to take you back to a previous part. Use this or the button at the bottom of some screens that say "back" rather than using the back button on your internet browser.



Clicking on applications will bring you back to this screen. Next we will go into the actual application forms. You will click on Application – Center (in most cases). For those of you that also sponsor homes, or only sponsor homes, the process will be the same for that application.

Child a	nd Adult Care F	Food Program	DE SAME	dekote MENT OF EDUCATION
Applications Claims Do	orts Security Search		Year	Help Log Out
Search for Sponsors	CACFP S	Sponsor Search		
Agreement Number:		Packet Status:		·
Sponsor Name:		Field Service Rep:		•
Vendor Number:		Packet Assigned To:		•
FEIN:		Program Status:		•
County:	•	Program:	Both 💌	
Sponsor Status: Activ		Search		
Sponsors				Found: 26
Agreement Sponsor Na Number	ame	Application Submitte Packet for	ed Approval Date	Packet Assigned

Clicking that MAY take you to this search screen. As I had indicated previously, this screen is for Users whose IDs are tied to more than one sponsor (such as mine was for testing and training purposes). You may not even see this screen. If you do, just click on the word "search" and it will bring up a list of agencies (or sponsors) that you have access to. You could use the search fields but since the list is only going to populate two or three agencies it would not be necessary. I will show you an example of that next.

While I am on this screen I do want to mention that you will notice that the Program Year is now displayed in the green row. This will be important for you to be aware of – especially if you are trying to look at, update, etc. the information from a different program year. It is my understanding that this will always default to the most current year that has been "opened" for sponsors to view or access. Right now it will always default to 2014-2015 until the forms for the 2015-2016 are ready to be completed.

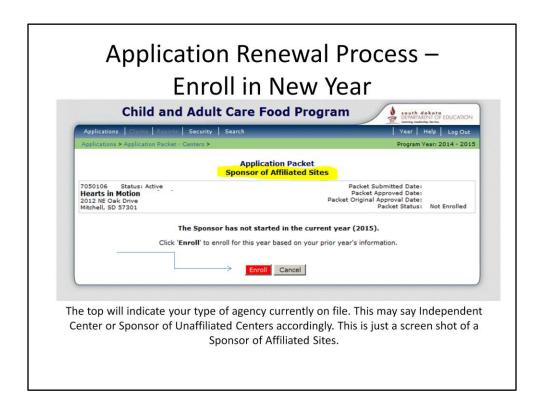
Again, this screen won't be seen by many sponsors. However, the program year will be displayed on the screens from this point forward.

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Child and Adult Ca	re Food Progr	am	DEPART	dekete MENT OF EDUCATIO
Applications Claims Paports Security Sea	rch		Year	Help Log Out
C/ Search for Sponsors	ACFP Sponsor Search		Program	1 Year: 2013 - 20
Agreement Number: Sponsor Name: Vendor Number: FEIN: County: Sponsor Status: Active	Packet Status Field Service I Packet Assign Program Statu Program:	Rep:	oth 💌	v v
Sponsors Agreement Sponsor Name	Application	Submitted	Approval	Found: 1
Number 7050101(C) Hearts in Motion	Packet Status Approved	for Approval 09/26/2014	Date 09/26/2014	Assigned To

This is how the list of sponsors will generate. Any agency / sponsor that is tied to your user name will appear at the bottom of the screen. Click on the blue and it will take you to the information tied to that sponsor/agency.



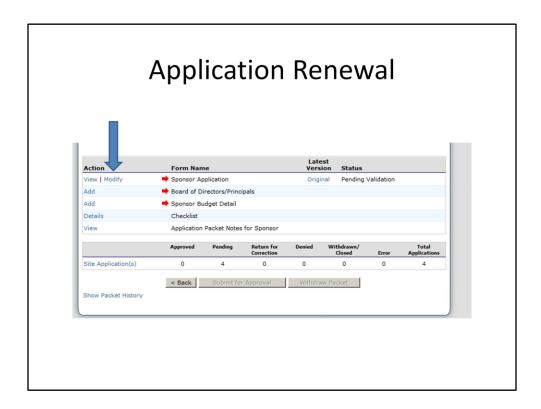
After you clicked on the agency name you will most likely come to a screen that looks like this. You will find the 2014-2015 application at the top with the word "new" next to it. The other program years will be available in view only format. Most of the data that this system collects was not maintained electronically in previous years so we were not able to populate the data into this system. You should be able to view the data that is there but you will not be able to modify it. You need to know that the information will appear very incomplete from the previous years at this point.



After you click on the 2014-2015 program year (or any new year in the future) you will get this screen. You need to click on enroll to get to the forms for the upcoming program year. This only applies to renewing sponsors. New sponsor will not see this screen.

I also want to mention that the section highlighted in yellow will indicate the type of organization that your agency is approved as. This will be Independent Center for most of you. Those that have more than one center would be shown as a Sponsor Affiliated or Unaffiliated Sites (or both). Right now we only have affiliated sites in South Dakota.

So, you will click on Enroll...



And then this screen will open. You will always want to start with the Sponsor Application. Everything builds upon that. You will see the words "pending validation" if your agency was approved for participation in 2013-2014. There will be a few instances when that is not the case. Those agencies are agencies that applied for and/or were approved for participation after the list of current sponsor was given to the computer company (in early April 2014). I believe there are about 4 agencies that will see different words but the process is essentially the same. New agencies just won't have any data that pre-populates this year. Renewing sponsors will have a little bit of information that does pre-populate (names, addresses, possibly approved meal types, etc.). Largely everyone will be starting basically from scratch this year.

So, click on Modify.

102.33					Version	n: Orig
Spo	pnsor Description FEIN	Type of Sponsor	Type of CACFP - Centers			
	12-3245659	For Profit Organization	Sponsor of Affiliated	d Sites		
1.	Are all of your organiz	ation's CACFP participating sites lo	ocated in the same building?	C Yes	@ P	No
2.	Does your organization	n operate the CACFP in any other	state(s)?	C Yes	@ P	No
Add	Name of State(s):		×			
Str	eet Address			-		
3.	Address Line 1:					
	Address Line 2:					
4.	City:					
5.	State:	Zip:				
6.	County:	•				
Mai	iling Address Mailing Address is ti	he same as the Street Address				
7.	Address Line 1:					
	Address Line 2:					
8.	City:					
	State:	Zip:	-			

This will bring you to the screen that will collect basic information about your organization as a whole.

First they will ask some basic questions about your operation and your location. Some of this information will populate. More of it will pre-populate in future years!

These questions must be completed. The only exception is that we don't need you to fill out anything on the Address Line 2 if there is nothing to record there (such as a suite number, etc.).

Sponsor Application - Contacts Contacts **Authorized Representative** Salutation First Name 10. Name: 11. Date of Birth: 12. Email Address: 😭 14. Cell/Alt Phone: Executive Director/Owner First Name 16. Name: 17. Date of Birth: (mm/dd/yyyy) 18. Email Address: 🗐 20. Cell/Alt Phone: 21. Title:

Then there will be questions about contact information. The names, dates of birth, phone numbers, and titles are all required fields.

The Authorized Representative is the person who has been authorized to enter into this agreement. There is a form that you will need to attach (or send in) if you make a change to this position.

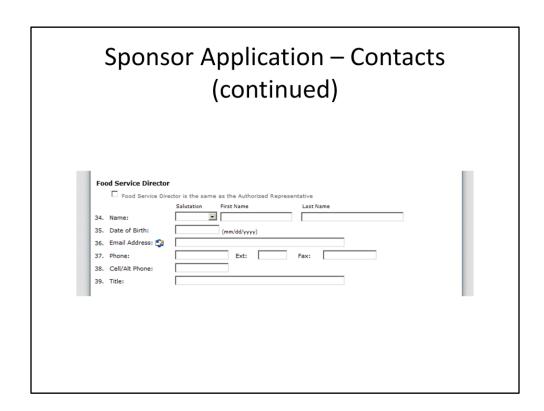
We are required to collect this information for the Executive Director.

•	Spons	or Application – Contacts (continued)
Cla	aim Contact	
	Claim Contact is	the same as the Authorized Representative
		Salutation First Name Last Name
	Name: Date of Birth:	
23.		(mm/dd/yyyy)
	Email Address: 🗐	
25.	Phone: Cell/Alt Phone:	Ext: Fax:
	Title:	
Pr	ogram Contact (Op	tional) t is an individual who has been authorized to act on behalf of the Sponsor.
	-	is the same as the Authorized Representative
	Program Contact	s the same as the Authorized Representative Salutation First Name Last Name
28.	Name:	
29.	Date of Birth:	(mm/dd/yyyy)
30.	Email Address: 🏥	
31.	Phone:	Ext: Fax:
32.	Cell/Alt Phone:	
	Title:	

The Claim Contact is the person who will be responsible for completing the claims for reimbursement. The same information is required for this position.

I will mention briefly here that there are boxes that you can check if the contact information for any position is the same as the information you completed for the Authorized Representative.

The fields for Program Contact are optional but if any field is completed then it will require you to fill out all of the fields. These fields are useful when one person is authorized to sign the agreement but they delegate most of the program duties/correspondences/etc. to another individual.



The last contact is the Food Service Director. The same fields will be required for this position.

Sponsor Application – General Questions

40.	Pricing method used by Program:
41.	Determining Official This person processes applications and makes eligibility determinations. Name/Title:
42.	Hearing Official This person shall ensure that all required provisions of the appeal process are followed. The hearing official must be someone not involved in making the determination under appeal or any previous conference. Name/Title:

- If any of your sites charge a fee for any meal type and/or any age group then you operate a pricing program (even if some sites, meals, and/or ages are not charged for meals).
- #41 and #42 are only required for pricing programs.

After the contacts there will be some general questions about your pricing policies. If your agency has any sites that charge a separate fee for any meal then you are a pricing program. Questions #41 and #42 are only required if you are a pricing program. I believe they have recently added notes about that to the website.

Sponsor Application – Certifications Certification Federal regulations require an agency to certify information regarding past business participation and criminal background. Please answer the following questions: C Yes C No 1. Has the agency or any of the agency's principals participated in any publicly funded programs within the past seven years? **NOTE: Principal** means any individual who holds a management position within or is an officer of the sponsor, including all members of the sponsors board of directors. Publicly funded means money that is received from a local, state, or federal If yes, as part of your management plan, submit a listing of the publicly funded programs in which the sponsor and its principals have participated in the past seven years and currently participate in. 2. Within the past seven years, has the sponsor or any principals been declared ineligible to C Yes C No participate in any other publicly funded programs for violating program requirements? 3. Has the sponsor or any of the sponsor's principals been convicted of any activity that occurred within the past seven years that indicated a lack of business integrity? NOTE: A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice. If yes, as part of your management plan, attach a detailed explanation.

The last part of the sponsor application are the certification questions. All three of these questions must be answered. Read them carefully and then answer yes or no. If you answer yes to any of them then additional information must be submitted as part of the application. A yes answer to #1 will generate a checklist item which we will talk about later.

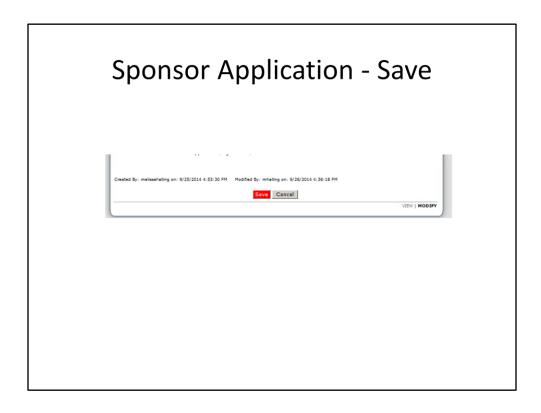
Sponsor Application – Certifications (continued)



- *abide by federal regulations, state and federal instructions, guidance, policies, agreements and amendments to agreements applicable to the Child and Adult Care Food Program including the CANS agreement and policy statement.
 *assume responsibility for all facilities included in this application.
 *comply with civil rights requirement (including use of the required nondiscrimination statement any materials and/or advertising done by the local agency which makes reference to the CACPP and/or admissratement pages without the statement and the statement appropriet. The management plan will be submitted or Child and Adult Nutrition Services for appropriet to implementation of any major changes.
 *follow the budget as approved. Any major budget changes will be submitted for approval prior to implementation.

- - nit a new policy statement to Child and Adult Nutrition Services for approval with a change
- curs. initain appropriate records to document compliance with Program requirements, approved plications (including amendments), accounting records, and appropriate records on facility
- perations. rrange to have an audit conducted in accordance with the provisions of the federal Office of Ianagement Budget Circular A-128 or A-133 if receiving \$500,000 or more from all federal

Finally, the certification statement must be checked. Read this and check the box.

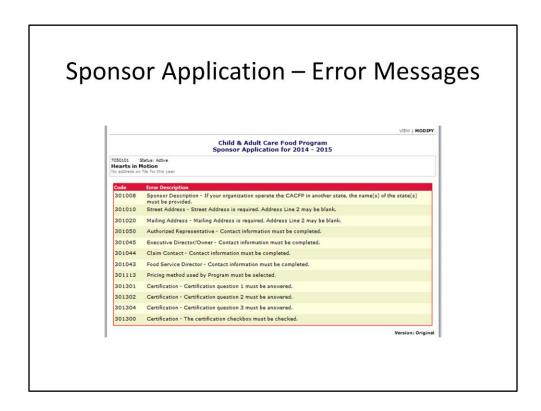


When you are finished (or believe you are finished) click on save at the bottom of the page.

Child and Adult Care Food Program | Child and Adult Care Food Program | Total Care | South Seath | Total Care | Total Car

If there were any errors, you will receive this notice.

If you wish to view the errors or correct them, click on edit now. Or, if you want to come back to them later because you do not know the answers at this time (such as a date of birth is missing, etc.) then you can click Finish. You will not be able to submit your application though until this part has been completed without any errors.



If you did click on edit to go back to view or modify the errors, you will get a summary of errors at the top of the page. This will tell you what the errors are. The error messages are not always extremely clear so feel free to contact our office if you are having problems figuring out what the error is.

Sometimes, there will be what we call fatal errors. If there are any fatal errors in the information you won't even be able to get to the saved with errors screen.

Sponsor Application — Fatal Errors Child & Adult Care Food Program Sponsor Application for 2014 - 2015 Research of the Program Sponsor Application for 2014 - 2015 Research of the Program Sponsor Obscription Fill The sip code entered is not a valid sip code. Please re-enter. Sponsor Description Fill The sip code entered is not a valid sip code. Please re-enter. Version: Original Sponsor Obscription Fill The sip code entered is not a valid sip code. Please re-enter. Version: Original Sponsor Original Sponsor of Affiliated Sines 1. Arall of your organization operate the CACFP in any other state(s)? Name of State(s): Addresses Street Address 3. Address Line 2: 4. City: Figure Figure Fatal Errors will not allow you to exit the application. When you click on save, they

Fatal errors will keep the application part open and will tell you what is missing. Fatal errors are tied to errors such as a zip code or phone number that does not have the correct number of digits or includes letters. Another example would be an email address that does not follow rules for an email ---@---.---.

will show up immediately requiring you to correct before it will save or exit.

You will need to go in and correct these items before you log out or the information you entered will not be saved.

Child and Adult Care Food Program | Security | Securit

Once all of the information has passed all of the edit checks, you will get a message that the application has been saved. Click on finish to go to the next step.

Child and Adult Care Food Program | Papel Cares | Trace | Security | Securit

You will now notice that there is a green arrow next to Sponsor application and the words not submitted are listed next to the sponsor application.

Next we will complete the board of directors/principals information. Click on the word Add next to that line item.

Add Board Member/Principals



- Every agency must complete the information for the Executive Director (or equivalent – Superintendent, Dean, Tribal President, etc.)
- All private, non-profits must complete the information for the Board President.

The board of directors screen will appear. When I took this screen shot the certification statement had not yet been added. The certification statement has since been added so you will need to scroll down to find this red Add Member button.

Additionally, there should be some instructions added to the top to explain who needs to be included on this list.

At a minimum, you must complete this section for the institution's Executive Director or equivalent.

- Tribal President for Tribal organizations
- Superintendent for Schools
- Mayor for city owned centers
- Owners for any for-profit organizations.

Additionally, if you are a private non profit, (501(c)3) then you must also complete this information for the board president.

To add a new member click on the Add Member button.

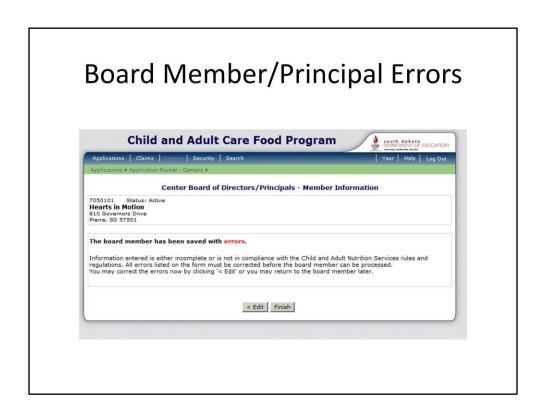
_	VIEW MODIFY	
	Center Board of Directors/Principals - Member Information	
Hea 810	0101 Satus: Active arts in Motion Governors Drive	
Boa	ard Member Information	
_	Board Member Type:	
2.	Length of Time on Board:	
Ι.	Salutation First Name Last Name	
	Name:	
١	Date of Birth: (mm/dd/yyyy)	
	Email Address: 🖏	
	Phone: Ext: Fax:	
	Occupation:	
	Current Employer:	
	Address 1:	
	Address 2:	
	City:	
	State: SD Zip:	

You will get to the following screen. The information highlighted in yellow is required information before you will be able to submit the application. Also, the date of birth will require that the individual be 18 years of age or older.

Home Address 13. Address 1:	
14. Address 2:	
15. City:	
16. State:	SD Zip:
17 Te this member	related to other board members or staff of C Yes C No
this organization	1?
If Yes, please s	pecify Name and Position held:
	t documentation that confirms your organization's governing body is aware of the organization's and liabilities associated with participation in the CACFP.
Created By: mhalling on	: 9/29/2014 1:25:36 PM
	Save Cancel
	Save Cancel
	VIEW MODIFY

The last part of the add board member screen does require a home address. A home address is required by the Feds. You will be able to save this if you don't have the home address but you won't be able to submit it until it is error free.

You will also nee do answer the question asking about family relationships with other board members/principals. If the answer is yes then the text box must be completed.



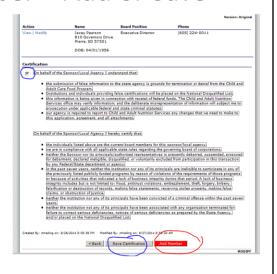
Again, the system will run edit checks and tell you if it was saved or save with errors. The fatal errors will also run again and not allow you to leave page until you have corrected those errors.



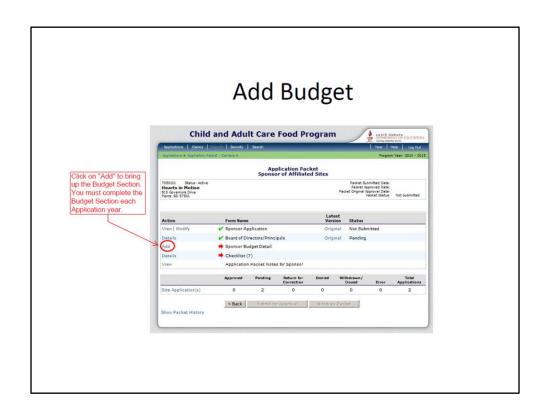
This message will appear when the board information has been saved without errors.

Board Member - Add or Save

- Mark Certification Box before Save Certification appears.
- Certification Box enabled after one board member/principal.



For additional board members, go back down and click the Add Member button again. Once all required board members/principals have been entered, you will need to click on the certification box (after you read the certification) and then the certification box will be enabled so you can save the certification and exit this part of the application.



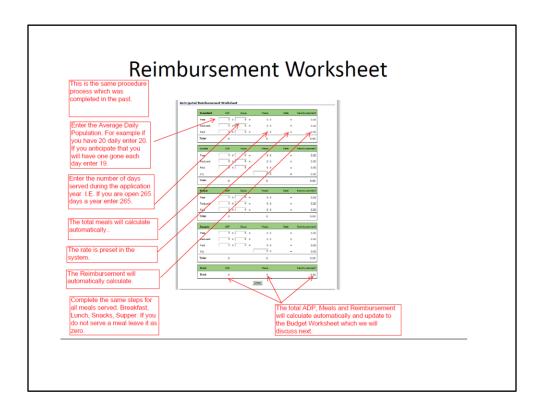
You will now see that the board of directors/principals is ready which is indicated by a green checkmark. The red arrow is normally an indicator that there is a problem. The one exception to this is that the red arrow will appear at the site level even it the site application has been approved without errors.

Phyllis takes over...

Click on "Add" to bring up the Budget Section. You <u>must</u> complete the budget section each application year.

	Budget				
	Budget Version: Criginal				
	10 H = 1 1 100 0 100 100 10	Sponsor Complete This Column	FOR STATE USE ONLY Approved		
	A. ANTICIPATED ANNUAL CACEP REIMBURSEMENT				
	Number of sites and cipated for aponsorship				
	Projected Total Annual Revenue Worksheet	ş	\$0.00		
	B. ANTICIPATED OPERATING EXPENSES				
	Note:				
Click on "Worksheet" to bring	*requires prior approval from CANS office				
up the Anticipated	**requires specific prior written approval from CANS office				
Reimbusrement Worksheet	Food for the CACFP in appnaored centers	4	\$0.00		
	Non-Food for the CACFP in sponsored centers	5	\$0.00		
	3. Salaries				
	3.1 Food Service Personnel: Include Fringe Benefits	5	\$0.00		
	3.2 Administrator-Include Fringe Benefits	5	\$0.00		
	3.3 Clerical and Accounting-Include Fringe Benefits	6	\$0.00		
	4. Office Costs		\$0.00		
	 4.1 Printing (forms, handbooks, menus, meal count forms, newsletters, etc) 	s	30.00		
	 Postage (stamps, monthly postage meter charges, certified mail charges, etc) 	\$	\$0.00		
	 alephosa [service, message service, long distance, toll free number, etc 	\$	\$0.00		
	4.4 Supplies (any item with unit value of under \$500 or life expectancy of 1 yr or less)	5	\$0.00		
	4.5 Rant/Maintenance** (CACFP share of rent for office, storage, and cleaning contracts)	\$	\$0.00		
	4.6 Equipment** (any item with a value of \$500 or greater)	5	50.00		
	4.7 Computers** (hardware, software, program development costs, etc)	s	\$0.00		

Click on "worksheet" to bring up the Anticipated Reimbursement Worksheet.



This is the same procedure process which was completed in the past.

Enter the ADP – average daily population. For example you have 20 children and you anticipate that you will have 19 there all of the time. You would enter 19.

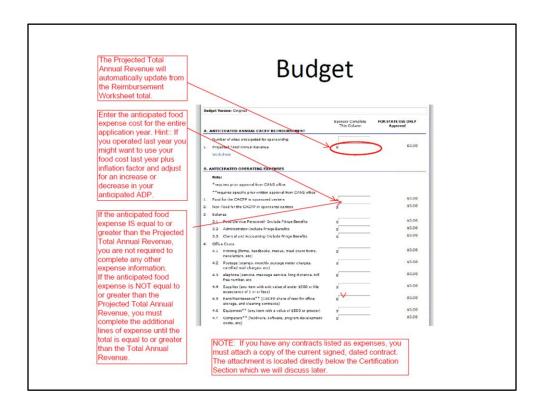
Enter the Days in operation. If you are open 265 days a year, you would enter 265.

The total Meals will calculate automatically

The rate is preset and will automatically calculate the reimbursement.

Enter the information into all areas that you serve, Breakfast, Lunch, Snack, Supper. If you do not serve one of the areas. Leave a zero.

The Total at the bottom will automatically calculate.



The Projected Total Annual Revenue will automatically be brought forward from the Reimbursement Worksheet.

In Section B. 1. Enter the anticipated food costs for your CACFP Program. If the food costs expenses are equal to or greater than the Projected Total Revenue you may stop here.

If the anticipated food costs are less than the anticipated revenue continue to items 2 thru 4 until the total expenses indicated are equal to or greater than Projected Total Revenue.

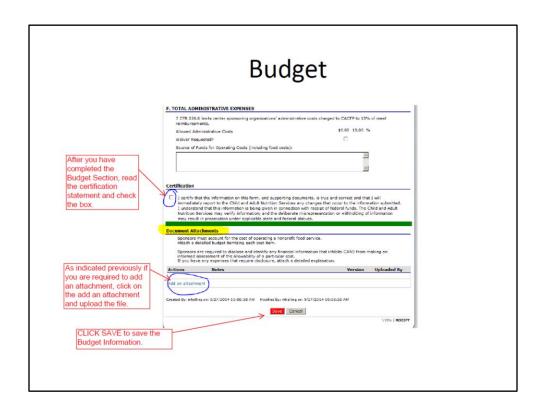
If you have any contract expenses, you must attach a copy of the current signed, dated contract. The attachment is located directly below the certification section which we will address later.

This is a continuation of the budget information to be completed until the expenses are equal to or greater than the Projected Total Annual Revenue. 5. Utilities (only those or the portion of those charged to the CACFP) 6. Equipment for Food Service 6.1 Repair 6.2 Replacement or Additions 7. Contractual Services** 7.1 Maintenance 7.2 Trash Pick-up 7.3 Exterminating 8. Travel* 8.1 Mileage / Per Diem for Training Workshops, Monitoring, etc. 8.2 Training Workshop Costs (** if only a portion of the workshop covers the CACFP) 8.3 Motel/Food involved with Training, Monitoring, etc. 9. Other Total Anticipated Operating Costs C. NET OPERATING AMOUNT 1. Difference (A-B) So.00 \$0.00	This is a souli					
Solution Solution	information to the expenses greater than th	be co are e he Pro	qual to or	et		
6. Equipment for Food Service 6.1 Repair 6.2 Replacement or Additions 7. Contractual Services** 7.1 Maintenance 7.2 Trash Pick-up 8 \$ \$0.00 7.3 Exterminating 8. Travel* 8.1 Mileage / Per Diem for Training Workshops, Monitoring, etc. 8.2 Training Workshop Costs (** if only a portion of the workshop covers the CACFP) 8.3 Motel/Food involved with Training, Monitoring, etc. 9. Other Total Anticipated Operating Costs \$ \$0.00 \$ \$0.00 C. NET OPERATING AMOUNT	5.			\$	\$0.00	
6.1 Repair 6.2 Replacement or Additions 7. Contractual Services** 7.1 Maintenance 7.2 Trash Pick-up 7.3 Exterminating 8. Travel* 8.1 Mileage / Per Diem for Training Workshops, Monitoring, etc. 8.2 Training Workshop Costs (** if only a portion of the workshop covers the CACFP) 8.3 Motel/Food involved with Training, Monitoring, etc. 9. Other Total Anticipated Operating Costs \$ \$0.00 \$ \$0.00 C. NET OPERATING AMOUNT			·			
7. Contractual Services** 7.1 Maintenance \$.0.00 7.2 Trash Pick-up \$.0.00 8. Travel* 8.1 Mileage / Per Diem for Training Workshops, Monitoring, etc. 8.2 Training Workshop Costs (** if only a portion of the workshop covers the CACEP) 8.3 Motel/Food involved with Training, Monitoring, etc. 9. Other Total Anticipated Operating Costs C. NET OPERATING AMOUNT	J			Ś	\$0.00	
7.1 Maintenance \$ \$0.00 7.2 Trash Pick-up \$ \$0.00 7.3 Exterminating \$ \$0.00 8. Travel* 8.1 Mileage / Per Diem for Training Workshops, Monitoring, etc. 8.2 Training Workshop Costs (** if only a portion of the workshop covers the CACFP) 8.3 Motel/Food involved with Training, Monitoring, etc. \$ \$0.00 9. Other \$ \$0.00 C. NET OPERATING AMOUNT		6.2	Replacement or Additions	\$	\$0.00	
7.2 Trash Pick-up 7.3 Exterminating 8. Travel* 8.1 Mileage / Per Diem for Training Workshops, Monitoring, etc. 8.2 Training Workshop Costs (** if only a portion of the workshop covers the CACFP) 8.3 Motel/Food involved with Training, Monitoring, etc. 9. Other Total Anticipated Operating Costs \$ 0.00 C. NET OPERATING AMOUNT	7.	Cont	ractual Services**			
7.3 Exterminating 8. Travel* 8.1 Mileage / Per Diem for Training Workshops, Monitoring, etc. 8.2 Training Workshop Costs (** if only a portion of the workshop covers the CACFP) 8.3 Motel/Food involved with Training, Monitoring, etc. 9. Other Total Anticipated Operating Costs \$0.00 C. NET OPERATING AMOUNT		7.1	Maintenance	\$	\$0.00	
8. Travel* 8.1 Mileage / Per Diem for Training Workshops, Monitoring, etc. 8.2 Training Workshop Costs (** if only a portion of the workshop covers the CACFP) 8.3 Motel/Food involved with Training, Monitoring, etc. 9. Other \$0.00 Total Anticipated Operating Costs \$0.00 C. NET OPERATING AMOUNT		7.2	Trash Pick-up	\$	\$0.00	
8.1 Mileage / Per Diem for Training Workshops, Monitoring, etc. 8.2 Training Workshop Costs (** if only a portion of the workshop covers the CACFP) 8.3 Motel/Food involved with Training, Monitoring, etc. \$ \$0.00 9. Other \$ \$0.00 Total Anticipated Operating Costs \$ \$0.00		7.3	Exterminating	\$	\$0.00	
8.2 Training Workshop Costs (** if only a portion of the workshop covers the CACFP) 8.3 Motel/Food involved with Training, Monitoring, etc. \$ \$0.00 9. Other \$ \$0.00 Total Anticipated Operating Costs \$ \$0.00	8.	Trav	el*			
workshop covers the CACPP) 8.3 Motel/Food involved with Training, Monitoring, etc. \$ \$0.00 9. Other \$ \$0.00 Total Anticipated Operating Costs \$0.00		8.1		\$	\$0.00	
9. Other \$ \$0.00 Total Anticipated Operating Costs \$0.00 C. NET OPERATING AMOUNT		8.2	Training Workshop Costs (** if only a portion of the workshop covers the CACFP)	\$	\$0.00	
Total Anticipated Operating Costs \$0.00 \$0.00 C. NET OPERATING AMOUNT		8.3	Motel/Food involved with Training, Monitoring, etc.	\$	\$0.00	
C. NET OPERATING AMOUNT	9.	Othe	r	\$	\$0.00	
		Tota	Anticipated Operating Costs	\$0.00	\$0.00	
1. Difference (A-B) \$0.00 \$0.00	1-					
	1.	Diffe	rence (A-B)	\$0.00	\$0.00	
	-				-	

This slide is a continuation of the budget.

D. ADMINISTRATIVE EXPENSES		\$0.00	
Total Labor Costs (Salaries, Wages, Taxes and Berefits) Facilities and Space	s	\$0.00	
Supplies and Equipment	\$	\$0.00	
4. Purchased Services	ş	\$0.00	
5. Financial Costs	\$	\$0.00	
6. Media Costs	\$	\$0.00	The two will
7. Contracting Organization Cost	\$	\$0.00	automatically
Unaffiliated Facility Cost Other	- \$I	\$0.00	calculate.
Total Administrative Costs	\$0.00	\$0,00	
Total Administrative Costs			
E. SUMMARY		//	
Total Expenses (Operating and Administrative)	\$0.00	\$0.00	
Total Anticipated Annual CACFP Reimbursement	4	\$0.00	
Total Other Income Explanation of Source of Other Income	1	\$0.00	
Explanation of Source of Other Income	W.		
4. Total Income (E2 + E3)	\$0.00	\$0.00	
4. Total Income (E2 + E3)	\$0.00	\$5.00	

Section E. Summary will automatically calculate. If the Total Anticipated Annual Reimbursement is LESS than the Total Anticipated Annual CACFP Reimbursement, item 3 Total Other Income will be greater than zero. If item 3 is greater than zero, you must complete the Explanation of Source of Other Income. In other words indicate the source of income that will be used to pay for the excess expenditures indicated in #3.

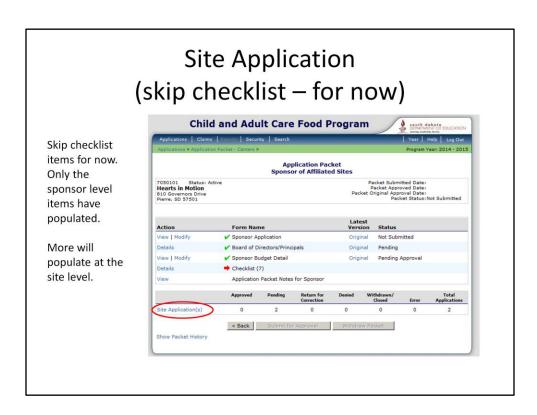


When you have completed the previous Budget items, read the Certification statement and check the box.

In the Document Attachments, click on the add an attachment for any support documentation that is required. I.E. contracts

Budget Errors

- The Budget section is not currently completing the correct edit checks.
- Errors are not populating as they most likely will be.
- No sample snips can be shown at this time.
- If not working, Phyllis will contact agency with questions on this section.



So, the next logical step would appear to be the checklist items. However, this list is currently only populating the sponsor level checklist items. It is better use of your time to come back to this later when all of the checklist items will have been populated. Note that there are currently 7 items. That number will be larger after completing the site application.

So, next we will go down and click on site applications.



Clicking on that link will take you to a list of your sites. If you do not see a site, click on add site. That should populate a list of sites that have been approved within the past two years. If you do not see any sites there or do not see a site that you need to have this year, contact me and I will see if that is something I can do for you. At this point it has not been decided if I will have access to the add site option. If I cannot do this for you I can tell you who to contact.

Once you see the site you want to go into, you will click on modify. First, though you should notice that the words say pending validation. You will need to validate the site information every year. In future years most of the information will pre-populate. As noted before, some of the information that is collected here was not available in our prior electronic databases so we could not prepopulate the information for you this year.

Child and	d Adult Care Food Program	es .
Applications Claims Record		The second secon
Applications > Application Packet	Program Year: 2014 - 20:	
	VIEW MODIF	×
	Child & Adult Care Food Program Site Application for 2014 - 2015	
7050101 Status: Active Hearts in Motion 810 Governors Drive Pierre, SD 57501	0001 Status: Active HIM J 810 Governors Drive Plerre, SD 57501	
License / Registration Info	ormation Version Rev.	1
A1. Site Type: Adult Care Center [Child Care Center Child Care I Center Child Care I Center Child Care I Center Head Start I Eligible School District: A2. Tax Status: If Other, please explain: A3. License Number: A4. License Effective Date: A5. License Expiration Date: A6. License Capacity:	Outside School Hours Emergency Shelter At-Risk Afterschool Care Center For Profit For Profit	

Clicking on modify will take you into the site application with any information that has been prepopulated.

Now that the header is complete – I do want to draw your attention to one thing that I have not previously mentioned and that is the header bar. This header bar will nearly always be at the top of the page to show you the name of the agency (on the left). If you are within one of the site applications then the name of the site will be on the right side.

First you will mark the type of site that this is....child care, head start, outside school hours, emergency shelter, etc. Note, the site can be marked for multiple types.

If you mark that you are an at-risk site then you will need to enter the name of the eligible school district. If you don't know this you can contact me and I can give you that information.

Then you will need to answer most of the questions on this part. If your license does not expire then you won't need to add anything in that field. If you do not have a license (Head Start for example) then you will not be required to complete that field.

,	Site Application	
A7. Age Range of Part	cipants Meals will be From: 0 • Yrs 1 • Mos To: 12 • Yrs	0 Moe
Claimed For:	10.12.21.13	1-103
A8. Will you be claiming	g meals for infants under 12 months old?	
A9. Provide brand of f	ormula. Smiles	
Street Address		
A10. Address Line 1:	810 Governors Drive	
Address Line 2:		
A11. City:	Pierre	
A12. State:	SD Zip: 57501	
A13. County:	Hughes (32)	
Mailing Address		
Mailing Address	is the same as the Street Address	
A14. Address Line 1:	810 Governors Drive	
Address Line 2:		
A15. City:	Pierre	
A16. State:	SD Zip: 57501	
Directions		
100 STREET TO 10 10 10	r, enter driving directions to your site from the	

The system will then ask questions about the ages of participants in care and the location of the site. Again, most of these fields are required. If there is not a specific site address, put in something on Address Line 1 and then give specific directions to the site in the text box below. Address Line 2 is not a required field.

Center Information			
A18. Affiliation:	 Affiliated 	C Unaffiliated	
	sites are part of the Sponsor organi he sites are not part of the Sponsor		
A19. Unaffiliated site will of each month:	make meal counts and menu record	available to the Sponsor by the follo	owing date
		je u	
If yes, provide previ	ious Sponsor's name or Independent	Center's name, FEIN, and participati	ing dates:
		×	
Center Contact - Pers	on in charge of this center on a	daily basis	
	Salutation First Name	Last Name	
B1. Name:			
B1. Name: B2. Email Address: 😂	Salutation First Name	Last Name Pearson	
B1. Name:	Salutation First Name	Last Name	
er Contact - Dors	on in charge of this center on a	daily bacic	
L. Name:	Salutation First Name	Last Name	

The application will then ask more questions about affiliation with the sponsor. Most of the time this will be affiliate (in other words, owned by the sponsor). I always forget about the question in the middle of the text boxes. You are required to answer that question about being sponsored by another agency previously. Most of the time that will be no.

Then, you will need to complete the center contact information for the person on site that is responsible for the CACFP. The name, phone, and title are required fields for this part.

					•		tior		
Sch	iedule								
C1.	A. Months of Opera (Check all that app		All:				Apr: 🔽	May: 🔽	Jun: 🔽
	B. Days of Operation (Check all that app		Mon-Fri:		✓ Wed: ✓	Thu: N	7 Fri: ☑	Sat:	Sun:
Rec	ular Schedule								
C2.	Normal Hours of Ce Operations:	enter	Time Open:	5 AM	:45 💌	Time 0	Close: 6 PM	:1	5 💌
C3.	Standard Meals Sch	edule							
				al Shift			Second Sh		
	Meals	Start T		End Tir		Start T		End Tin	
	□ Breakfast □	6 AM	▼ :00 ▼	7 AM	• :00 •	7 AM	• :00 •	8 AM	▼ :00 ▼
	AM Snack	9 AM	▼ :00 ▼	9 AM	:30 -		- :00 -		▼ :00 ▼
	Lunch	11 AM	:30 💌	1 PM	• :00 •	[- :00 -	1 011	• :00 •
	PM Snack	3 PM	• :00 •	3 PM	:30 -	4 PM	• :00 •	4 PM	:15 •
	Supper	-	:00	-	:00		· :00 ·	-	00:00
	Evening Snack	1	:00		:00	1	:00	1	:00

The next part will ask you about your schedule – months of operation, days of operation, and meal service times. Please be aware that the system was supposed to default everyone to Monday through Friday meals. However, that is not currently working correctly and it appears to be marking every day. So you will want to check that closely and uncheck the Saturday and Sunday if your site is not open on those days of the week. We are working to get them to correct that but if it doesn't get corrected, just be aware to watch for it.

C4.	At-Risk Meals	Tunic	cal Shift	Forand Sh	nift (Optional)
	Meals	Start Time	End Time	Start Time	End Time
	☐ Breakfast	₩ :00 ₩	w :00 w	w :00 w	▼ :00 F
	☐ AM Snack	¥ :00 ¥	¥ :00 ¥	¥ :00 ¥	:00
	Lunch	:00	:00	¥ :00 ¥	:00
	PM Snack	:00	:00	:00	:00
	Supper	₩ :00	w :00 w	₩ :00	₩ :00
	Evening Snack	:00	:00	:00	:00
	Additional Sponsor n	otes related to At-Risk	Meal Service:		
				A	
Wee	ekend Schedule				
25.	Weekend Hours of Operations:	Time Open:	• :00	Time Close:	▼ :00 ▼
	Additional Sponsor n	otes related to Weeker	nd Service:		
				^	

If you had marked that this site is an at-risk after school site then you will be required to fill in these questions also...specifically for the meals served to the school aged children. If the site is not marked as an at-risk site you won't be able to do anything with these boxes.

Additionally, if the site is open on weekends you will need to answer the question about weekend hours. If you don't have Saturday or Sunday marked then these cells will be greyed out.

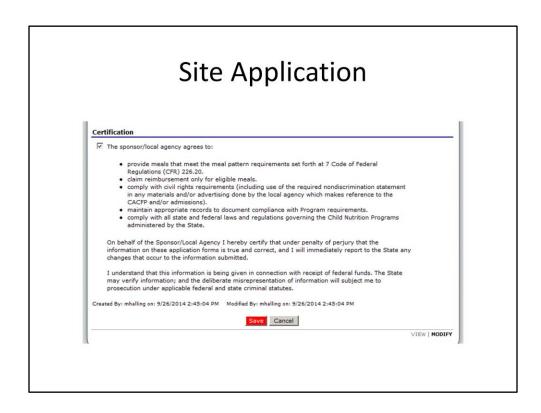
	od Service		
C6.	How are meals prepared?	~	Prepared on site
			Prepared at Central Facility and Delivered
			Contracted with a School Purchased from a food service vendor
			Other
	If Other, please explain:		one.
C7.	How are meals served?		Unitized (Restaurant Style)
		V	Family Style
		V	Other
	If Other, please explain:	olde	er children walk through serving line, count taken at end of line
C8.	Check all meals that are pur through a food service vend school:		
C9.	Do you have a food service	contract	t?
C10	Name of Food Service Vendo	or or Sc	:hool:
C11	. Contract Period:		From: To:

The next questions will ask about the meal service. How are meals prepared and how are they served. If you have any type of contract then the questions about contracts will "appear" and you will be required to fill out those items.

Site Application Adult Care Centers Only C12. If used, which meal types does offer vs. serve | Breakfast | Lunch | Supper | Not Used apply? Participants D1. Number of enrolled participants in each income eligibility | A. Free Category: | 7 | B. Reduced-Price Category: | 3 | C. Paid Category: | 54 | D. Total Enrolled: | 64 Certification The Adult Care Centers question will only appear if the site is marked as an adult care center at the top.

The next section will only appear if you marked adult day care center. This question needs to be answered for adult day care centers.

The participants section needs to be filled out by every agency. If the site is approved for all-free or choses to claim as all paid or if there is ever a time when there are no children in one group, make sure to record "0" in the field of that will show up as an error.



Finally, you will click on the certification box and hit Save.

You can always save before you are done. Just know that the errors will be there and need to be corrected before you submit it for approval.

	Site Input Errors	
7050101 Status: Ac Hearts in Motion 810 Governors Drive Pierre, SD 57501	0001 Status: Active HIM 1 B10 Governors Drive Pierre, SD 57501	
Input Errors G The zip code e	ntered is not a valid zip code. Please re-enter.	Version: Rev. 1
Street Address		
Street Address A10. Address Line 1:	810 Governors Drive	
	810 Governors Drive	
A10. Address Line 1:	810 Governors Drive Pierre	
A10. Address Line 1: Address Line 2:		

Again, if there are any input errors it will not allow you to save until those errors are corrected. Input errors are fatal errors and you cannot proceed until they are corrected.

Site Sa	aved with E	rrors
Child and Adu	It Care Food Program	DEFARIMENT OF EDUCATION
Applications Claims Regions Securi	ty Search	Year Help Log Out
Applications > Application Packet - Centers >	Packet Center List - CACFP >	Program Vear: 2014 - 2015
	Child & Adult Care Food Program Site Application for 2014 - 2015	
7050101 Status: Active Hearts in Motion 810 Governors Drive Pierre, SD 57501	0001 Status: Active HIM 1 810 Governors Drive Pierre, SD 57501	
regulations. All errors listed on the form	with errors. or is not in compliance with the Child and Adult must be corrected before the Site Application or g' < Edit' or you may return to the Site Applica	an be processed.
	< Edit Finish	

Then, the edit checks will run and you will be notified if there are any errors. Again, click on edit (or come back later and modify) to correct those errors.

7050101 Status: Active	0001 Status: Active	
310 Governors Drive Pierre, SD 57501	810 Governors Drive Pierre, SD 57501	
Code Error Description 303000 License / Registration Info	ormation - At least one Site Type must be checked.	
303000 License / Registration Inn	ormation - At least one Site Type must be checked.	
icense / Registration Information		on: Rev.
	"	
1. Site Type: Adult Care Center		
Child Care Center		
Child Care	Outside School Hours Emergency Shelter	
Head Start At-Ris		

This is an example of a site level error.

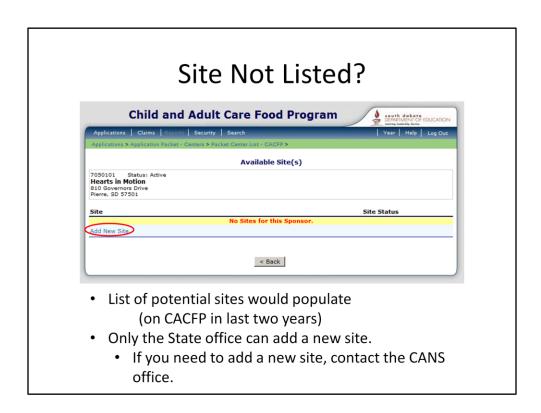


Once the site is saved without any errors, the words Not Submitted will appear in the status column. Notice that the red arrow is still there. That is how it is supposed to be (I asked).

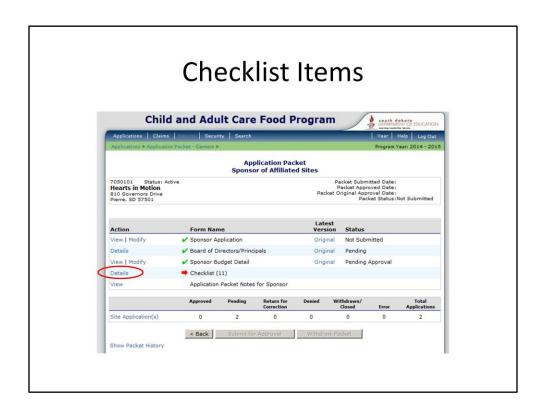
You would follow that same process for each of the sites that will be operating this year.



Again, if any site is not listed, click on add site. That will bring up a list of possible sites that you can add.



If you don't see the list then we will have to add the new site at the state level. Contact me to get a new site added. If I cannot do it I will tell you who can do it.



Now that the sites have been added you can go back up to the checklist items. You will see now there are 11 items. Click on Details.



You will notice they are separated by sponsor level and site level. Each site will have separate checklist items.

First we will talk about the Sponsor Checklist Items. Click on the sponsor name (highlighted in yellow here).

		CACFP Ch	ecklist			VIEW MODIFY	
7050101 Status: Active Hearts in Motion 810 Governors Drive Pierre, SD 57501							Checklist items are still not populating
Required Forms/Documents to send to CANS	Document Submitted to CANS	Date Submitted to CANS	Document on File w/CANS	Status	Status Date	Last Updated By	correctly.
Free and Reduced Meal Packet for Centers				Pending Approval	09/25/2014	melissahalling	If you
Description of billing and payment collection procedures	0 -		_	Pending Approval	09/25/2014	melissahalling	question
Management Plan - Sponsors of Centers	0 -			Pending Approval	09/25/2014	melissahalling	something
Fiscal policies and procedures	0 -			Pending Approval	09/25/2014	melissahalling	that you are
Policy Statement for Sponsors of Centers				Pending Approval	09/25/2014	melissahalling	asked to
Public Release for Sponsors of Centers			П	Pending Approval	09/25/2014	melissahalling	attached,
Annual Certification Statement				Pending Approval	09/25/2014	melissahalling	contact the
Action Checklist I	tem	C	omment		Attachment E	Pate/Time	CANS office.
		There are no a					CANS Office.

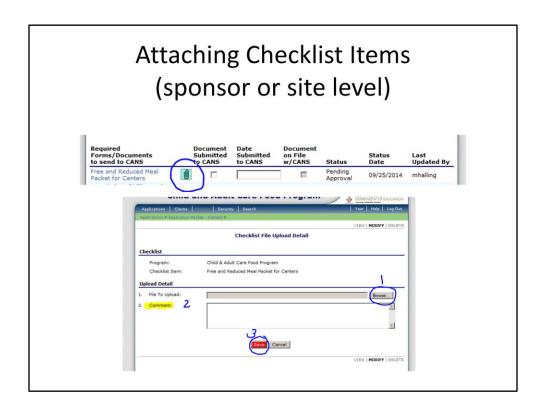
Please note that this is just a sample for this agency. The checklist items are still being worked out. I have crossed out the ones that were there and should not have been there. Also, some of the wording was not accurate. However, this gives you an idea of what it will look like.

			CACFP C	hecklist			VIEW MODIFY
810 0	101 Status: Active rts in Motion Governors Drive e, SD 57501						
	nired ns/Documents and to CANS	Docume Submitte to CANS		Document on File w/CANS	Status	Status Date	Last Updated By
	and Reduced Meal (2)	0 -			Pending Approval	09/25/2014	melissahalling
paym	ription of billing and nent collection dures	0 =		П	Pending Approval	09/25/2014	melissahalling
'Mana of Ce	gement Plan - Sponsors				Pending Approval	09/25/2014	melissahalling
Fiscal	policies and procedures			-	Pending Approval	09/25/2014	melissahalling
	Statement for Sponsors	0 -		-	Pending Approval	09/25/2014	melissahalling
	Release for Sponsors			П	Pending Approval	09/25/2014	melissahalling
Annu State	al Certification ment			-	Pending Approval	09/25/2014	melissahalling
Actio	on Checklist Ite	em		Comment		Attachment I	Date/Time
10			There are no	attachments			

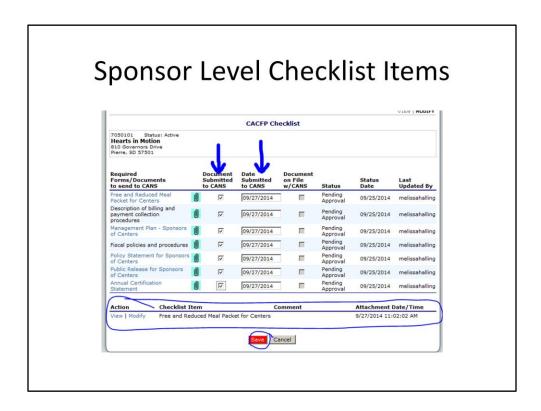
So, first off, an item in blue print indicates that you can click on it for the prototype form. If it is not in blue then it is not something you can get from us (such as a license, a nonprofit status letter, etc.)

Secondly, if you see a paperclip next to the item then it is something that you can upload into the system. If you do not see a paperclip, contact us. It is likely an error in the system. We want you to be able to upload the documents. Once an item has been uploaded into the system it will show up at the bottom (see #3) of the screen. You can go in and edit from there if needed.

Then you will need to put a check in the box in the submitted to CANS column and then the date you submitted it. The date will automatically populate as today's date. You can change that if you had submitted something previously or will do later. Note — do not mark these boxes (see 4 and 5 on the screen) until you are done attaching the checklist items (if you are attaching any). You can still mail, fax, or email these items. We just cannot approve them until they are in our office.



So, just a little more about uploading documents. When you click on the paperclip next to the item that you want to upload a box will show up. You will click on "browse" (see 1 on the screen). Find the document that you want to attach and then click on that. It will now show up on the screen in that grey box. You can add comments about the attachment if needed. Then click save.



That item now appears at the bottom. I did not add any comments but those would show up hear in the comments column.

Again, after attaching all of the items you will need to complete the submitted to CANS and date columns for all checklist items. This is the last thing you do before exiting this page by clicking save.

Sponsor Level Checklist Items



There will not be an error message given if all checklist items are not attached (or submitted). However, you will not be able to submit the application for approval if they are not all attached.

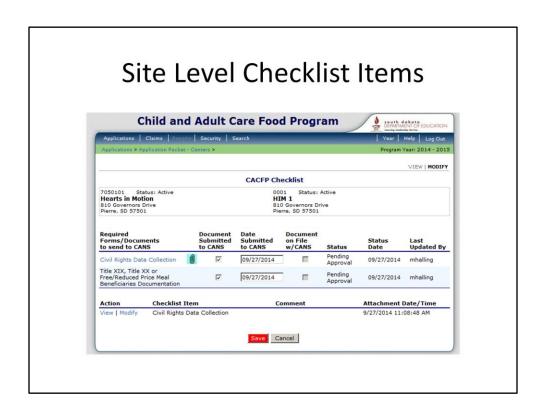
You will not get error messages if some checklist items are not attached. However, you will not be able to submit the application for approval until they are either attached or you have told us they were submitted to CANS and the date they were submitted. You can come back to them if they are not all ready to be submitted yet.



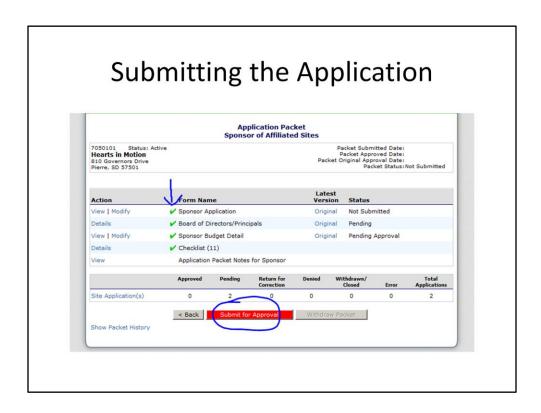
The site level attachments work in the same exact manner. Make sure to go into each site as the lists will be generated at the site level.

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Title XIX, Title XX or Free/Reduced Price Me Beneficiaries Document		□		П	Pending Approval	09/27/2014	mhalling
Action Che	cklist Ite			Comment		Attachment I	Date/Time
			There are no a	Cancel			

Here are some sample site level checklist items. These populate based on the questions that you answered on the site application.



Again, you can upload them or you can submit them by another means. Make sure to mark that they were submitted and the date before you exit the screen. Again you will not get error messages if they are not complete but you will not be able to submit the application for approval.



When the application is ready for approval you will see green check marks. Note that you do not see the check mark by the site applications but they are listed as pending. At least one site application must be listed a pending before you can submit for approval. If the other sites are not ready for approval yet they will be shown as in error. You will only be able to claim for sites that have been approved.

So, when ready, click on Submit for Approval.

Confirm Submit Application



You will not be able to make any modifications to the application after this point - until the state has either approved the application or returned the application for correction. You can still view it.

You will get a confirmation screen.

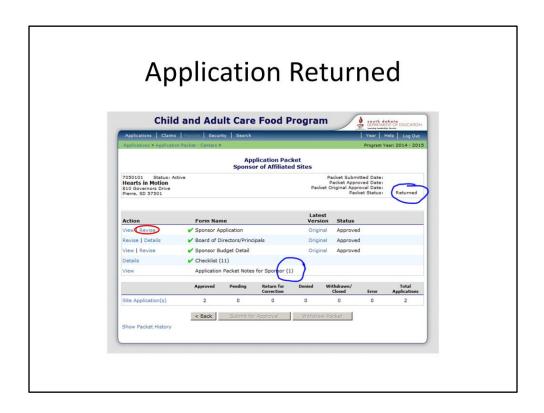
If the application cannot be submitted you will get a message at the top of the screen. I have found this is normally tied to site application issues.

Click on ok if you are ready to submit.

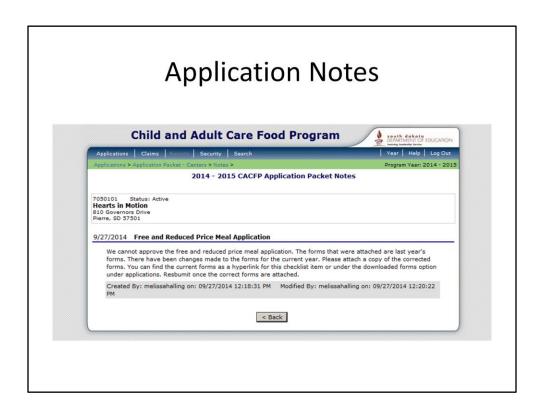
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At this point you will no longer be able to modify the application. You will get a message to that affect at the top of the screen until it has been approved. Notice the packet status is now listed as submitted for approval. You should also get an email notification that it has been submitted. I will also be notified that it has been submitted so that I can go in an approve my portions.

I will do my review and Phyllis will approve the budget. If we have any questions or need more information the application will be returned to you for correction.



You should receive an email notification that it has been returned. When you go back in you will see returned as the packet status. You will likely also see a note either at the top of the page or under the Application Notes to Sponsor. You can open the notes by clicking view.



The note will then display a message for what needs to be corrected and resubmitted. Click on back and then go to the appropriate section to correct. In this case it was a checklist item.

Application Returned – Correction Required Forms/Documen to send to CANS Date Submitted to CANS Status Date Last Updated By Free and Reduced Meal Packet for Centers Pending Approval 09/27/2014 09/27/2014 melissahalling Description of billing and payment collection procedures 09/27/2014 09/27/2014 melissahalling Management Plan - Sponsors of Centers 09/27/2014 4 Approved 09/27/2014 melissahalling Fiscal policies and procedures 09/27/2014 Policy Statement for Sponsors 09/27/2014 Approved 09/27/2014 melissahalling of Centers Public Release for Sponsors of Centers 09/27/2014 ~ 09/27/2014 melissahalling Approved Annual Certification Statement **Checklist Item** Attachment Date/Time Comment Free and Reduced Meal Packet for Centers 9/27/2014 11:02:02 AM

So, I go into the checklist items, see that the f/rp application is still pending approval. I modify the attachment and then go down and click on modify. That will open up the document that is attached. Click on browse to reattach the corrected document.

Submit for Approval – no button?



If Submit for Approval button is not showing up – remember to go in and revise one of the application pieces. You <u>don't need to change anything</u> but do need to open it and then save it again for it to trigger the Submit button.

So, now I have corrected the mistake but still not submit for approval. This is the one glitch that cannot be fixed. If an application is returned you need to go back into the sponsor application, scroll down, and click save. This will allow it to be resubmitted.



Notice the green check is still there but the sponsor application has "not submitted" next to it. This allows the submit for approval button to appear. Click on that and confirm the resubmit and it will once again be sent to the state for approval. We will go back in and review it.

			plication Pac	Арр			
7050101 Status: A Hearts in Motion 810 Governors Drive Pierre, SD 57501	d Sites Packet Submitted Date: 09/27/2011 Packet Approved Date: 09/29/2011 Packet Original Approval Date: 09/29/2014 Packet Status: Approved Packet Status: Approved						
					Packet Ass	signed To	: Melissa Halling
Action	Form Nar	ne		Latest Version			7
View Revise	✓ Sponsor A			Rev. 1	Approved		
Revise Details	✓ Board of D	irectors/Princ	cipals	Original	Approved		
View Revise	✓ Sponsor B	udget Detail		Original	Approved		
Details	✓ Checklist (12)					
Details	Application	Packet Note	s (1)				
View	Application	Application Packet Notes for Sponsor (1)					
	Approved	Pending	Return for Correction	Denied 1	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	2	0	0	0	0	0	2
Show Packet History	< Back	Submit for A	pproval	Approve Ret	turn Deny		

Once approved, the application status will be set to approved. You can always go in to modify it but claims will only be paid on approved application. Each time you make a revision you need to resubmit it to our office for approval. This is a little different for home providers but we will cover that in a separate training.



So, now back to a few things I mentioned at the beginning. Changing your password. This process is very simple. Click on Security.

Then click on change password at the next screen.

Then enter and confirm your new password.

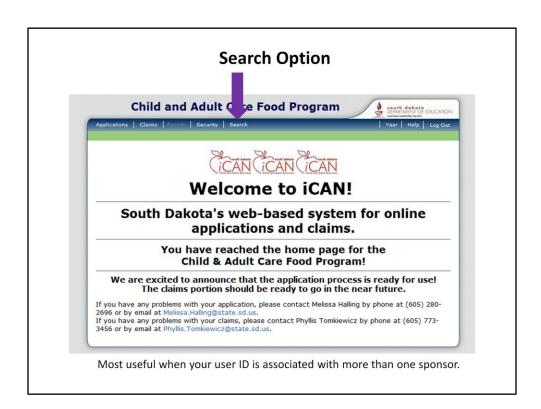
Changing Password

Your password must comply with the following rules:

- 1) at least 10 characters long
- 2) at least 1 number
- 3) at least 1 special character (\$,%,^,&,+,=)
- 4) cannot contain your user name.

Make sure your password complies with the rules.

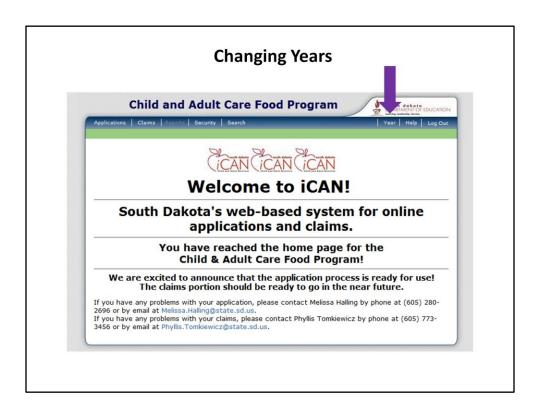
Click save.



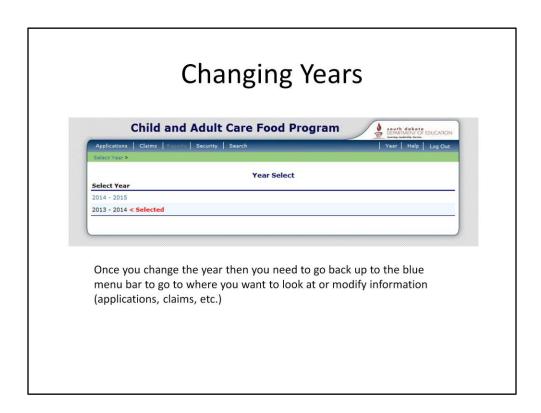
The search item was already covered in detail previously. This option is needed for users that work with more than one sponsor.

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Sponsor Name:		Field Service	Rep:		-
Vendor Number:		Packet Assig	ned To:		7
FEIN:	_	Program Sta	atus:		_
County:		Program:	I.	oth •	
Sponsor Status: Active			1.5	ou.	
_		Search			
Sponsors					Found:
Agreement Sponsor Name Number		Application Packet Status	Submitted for Approval	Approval Date	Packet Assigned To
7050101(C) Hearts in Motion		Approved	09/26/2014	09/26/2014	

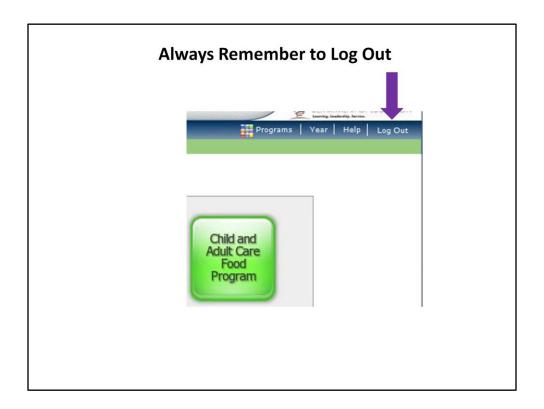
This screen is the only way to switch from one agency to a different agency.



If you need to change the year you are looking at or modifying, click on year.



Click on the year you want. After that you will need to go back up to the blue bar to click on what you want to do. Do not hit the back button on your browser as the year will not be changed.



Final reminder – always remember to log out!! This will take you back to the sign on screen.

Things You Need to Know

- Every Agency is Referred to as a <u>Sponsor</u>!
 - Even if you only have 1 site
- iCAN Sponsor User Manual
 - http://doe.sd.gov/cans/cacfp.aspx (under documents and under applications)
- Need Help from CANS?
 - Doe.icanhelp@state.sd.us
 - Phone: 605-773-3413
 - Most people in the office should be able to assist you.

A couple of things that are helpful to know.

- 1) Every agency is called a sponsor in this program. We tried to get them to change that but they would not change it. Sponsor was standard across the 34 other states so they would not make that change. We will adjust. It will just be important to remember that even an independent center is now called a sponsor. Previously sponsor was only used if the agency had more than one site.
- 2) If you need help, there is a help desk for this system. Emails can be sent to this email box. It will be checked regularly. Feel free to contact me directly if your needs are urgent at this point in time.
- 3) If I am out of the office call the main line. Most everyone in the office should be able to answer questions that are specific to the iCAN website.



https://ican.sd.gov/ican/splash/aspx

So, what you are all waiting for:

The iCAN website link....

This link can also be found on the CANS website. The address will also be on the next screen in case you didn't have time to write it all down.

Your User ID and Start-up Password

Your User ID:

First Name Last Name (no spaces – <u>not</u> case sensitive)

Your Password:

\$reset1234 (case sensitive)

You will be prompted to change this immediately!

https://ican.sd.gov/ican/splash/aspx

To access the system, your User ID is your first name last name (no spaces). The user id is not case sensitive so it doesn't matter if you use capital letter or lowercase letters.

Your temporary password is \$reset1234. This is case sensitive so make sure you are using all lowercase letters.

If you find that your user ID is not working, please call Cheriee Watterson to ask her about getting a new one. She can be reached by calling the main office at (605) 773-3413. She will be happy to work with you!